
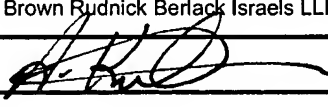


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 TRANSMITTAL FORM (Use this form for all correspondence after initial filing)	Application Number	10/731,550	
	Filing Date	December 9, 2003	
	First Named Inventor	Ole Isacson	
	Art Unit	1635	
	Examiner Name	Terra C. Gibbs	
Total Number of Pages in This Submission	2	Attorney Docket Number	25429/9

ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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Remarks		

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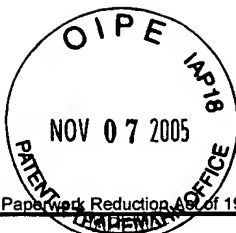
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PTO/SB/82 (04-05)

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CHANGE OF CORRESPONDENCE ADDRESS**

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First Named Inventor	Ole Isacson
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Examiner Name	Terra C. Gibbs
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

21710

☒ Please change the correspondence address for the above-identified application to:

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Individual Name

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Peter Paskevich

Date

October 14, 2005

Telephone

(617) 855-2922

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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